

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1976NSP	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/14/2009
NAME OF PROVIDER OR SUPPLIER RELIABLE HEALTH CARE SVCS OF S		STREET ADDRESS, CITY, STATE, ZIP CODE 8871 FLAMINGO ROAD, #101 LAS VEGAS, NV 89147		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 28383 This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility on 09/14/09, in accordance with Nevada Administrative Code, Chapter 449, Nursing Pools.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Six employee records were reviewed.</p> <p>The following regulatory deficiencies were identified:</p>	P 000		
P 049	<p>449.7474 DUTIES OF LICENSEE OR APPLICANT</p> <p>2. A licensee or applicant for a license is responsible for: (b) Periodic administrative and professional evaluations of the nursing pool. The licensee or applicant shall receive, review and take action on recommendations made by the evaluating groups and maintain a record of that action. This Regulation is not met as evidenced by: Surveyor: 28383 Based on employee record review and staff interview, the facility failed to provide documented evidence that periodic administrative and professional evaluations were done of the employees of the nursing pool and action taken on the evaluations had taken place. There was</p>	P 049		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 049	Continued From page 1 no documented evidence that record of those actions were maintained. Scope - 1 Severity - 2	P 049		
P 055	449.7475 ADMINISTRATOR: QUALIFICATIONS/DUTIES 2. The administrator of a nursing pool shall represent the licensee in the daily operation of the nursing pool and appoint a person to exercise his authority in his absence. The administrator's responsibilities include: (a) Keeping the licensee fully informed of the activities of the nursing pool through regularly written reports. This Regulation is not met as evidenced by: Surveyor: 28383 Based on record review and interview, the facility failed to provide documentation of how the administrator would represent daily operation of the nursing pool. There was no documentation of how the administrator was to keep the licensee fully informed of the activities of the nursing pool. Scope - 1 Severity - 2	P 055		
P 056 SS=C	449.7475 ADMINISTRATOR: QUALIFICATIONS/DUTIES 2. The administrator of a nursing pool shall represent the licensee in the daily operation of the nursing pool and appoint a person to exercise	P 056		

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P 056	Continued From page 2 his authority in his absence. The administrator's responsibilities include: (b) Employing qualified personnel and arranging for their orientation and continuing education. This Regulation is not met as evidenced by: Surveyor: 22048 Based on record review and interview, the facility failed to provide documentation of how the administrator would represent daily operation of the nursing pool. There was no documentation of a person in charge in the absence of the administrator. Scope - 1 Severity - 2	P 056			
P 057 SS=C	449.7475 ADMINISTRATOR: QUALIFICATIONS/DUTIES 2. The administrator of a nursing pool shall represent the licensee in the daily operation of the nursing pool and appoint a person to exercise his authority in his absence. The administrator's responsibilities include: (c) Developing and implementing an accounting and reporting system that reflects the fiscal experience and current financial position of the nursing pool. This Regulation is not met as evidenced by: Surveyor: 22048 Based on record review and interview, the facility failed to provide documentation of how the administrator would represent daily operation of the nursing pool.	P 057			

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P 057	Continued From page 3 There was no documentation of a person in charge in the absence of the administrator. There was no documentation of an accounting and reporting system that reflects the fiscal experience and current financial position of the nursing pool. Scope - 1 Severity - 2	P 057		
P 059 SS=C	449.7475 ADMINISTRATOR: QUALIFICATIONS/DUTIES 2. The administrator of a nursing pool shall represent the licensee in the daily operation of the nursing pool and appoint a person to exercise his authority in his absence. The administrator's responsibilities include: (e) Holding periodic meetings to maintain a liaison between the licensee and members of the staff of the nursing pool. This Regulation is not met as evidenced by: Surveyor: 22048 Based on record review and interview, the facility failed to provide documentation of how the administrator would represent daily operation of the nursing pool. There was no documentation of how the administrator was to keep the licensee fully informed of the activities of the nursing pool. There was no evidence of how periodic meetings between the licensee and members of the staff of the nursing pool were to be arranged. Scope - 1 Severity - 2	P 059		

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P 068	<p>449.7476 DIRECTOR OF PROFESSIONAL SERVICES</p> <p>2. The director of professional services shall: (g) Evaluate the performance of the nursing staff. This Regulation is not met as evidenced by: Surveyor: 28383 Based on employee record review and staff interview, the facility failed to ensure the nursing staff received an annual evaluations by the director of professional services for 2 of 6 nurses (Employees #5 and #6).</p> <p>Scope - 1 Severity - 2</p>		P 068		

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